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TREASURE STATE

HEALTH

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OFFICIAL PUBLICATION OF THE MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES.

Woodburning - A Mixed Blessing

A temperature inversion pushes smog below the hilltops in a sunny fall morning in the Helena Valley.

A few years ago homeowners were hearing dire predictions about the possibility of shortages in home heating fuels and the resultant price increases. They were encouraged to conserve fuel by turning down thermostats, closing off unused rooms, insulating their homes -and finding alternative heating methods.

In Western Montana, the most obvious alternative method was to burn wood, given the convenience and abundance of forested areas. It was soon apparent that most fireplaces already installed were built more for decorative purposes than for an efficient heat source. The market for wood-burning stoves which were both decorative and efficient exceeded the supply, and it was not long before merchants heeded the call and set out to meet the demand.

According to surveys in Missoula in 1978, and in Bozeman, Great Falls, Helena and Kalispell in 1980, over a third of the households in these urban areas have installed one or more wood burning devices, and another ten percent anticipate installation of such devices in the near future.

There is no doubt that this massive change to wood heating has conserved oil and gas. There is some question as to whether or not it is cheaper for the consumer, considering the cost of good stoves and obtaining wood, not to mention maintenance and installation expenses. There is no doubt whatsoever that it has caused other problems, which could turn out to be harder to solve than the fuel shortage.

Extensive burning of wood in urban areas situated in Western Montana valleys is definitely causing harmful air pollution. Improper installation of stoves and chimneys, poor burning habits and improper care of chimneys and stovepipes have resulted in numerous fires. Nearby sources of wood are becoming scarce, forcing people to travel further and further to locate ample supplies, thus increasing the cost.

While little can be done about the last problem, state and local health officials, foresters and fire control people are launching campaigns to decrease pollution and fire dangers. How well they succeed will depend on voluntary (in Missoula, mandatory) compliance with suggested burning methods and restrictions, which many people consider to be unnecessary bureaucratic interference with the rights of private citizens.

The Missoula City-County Health Department has adopted a plan, based on recommendations by their Air Pollution Board, to request voluntary cutbacks in woodburning during Stage I pollution allerts, and to enforce bans on all woodburning, except for those having no other source of heat, during a Stage II alert. Those who ignore the Stage II ban will be issued warning tickets, and if they refuse to comply, will be fined $50 per day.

In Helena county authorities are, at this time, planning to rely on voluntary compliance with requested cutbacks. Both counties will inform residents by radio, newspapers and TV when pollution alerts are in effect.

In answer to those who resent the regulations because 'our grandparents

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We're Fouling Our Nest

by Loren Bahls, Ph.D.

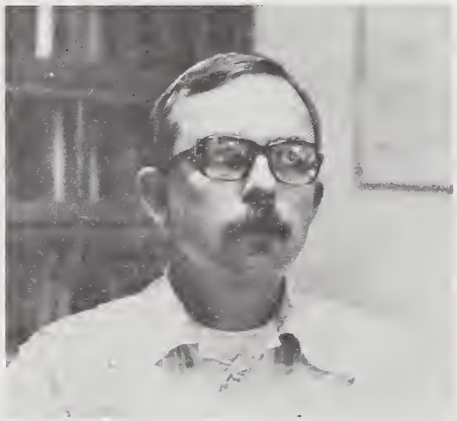
(Dr. Bahls earned a baccalaureate in Fish and Wildlife Management from the University of Minnesota, and a Ph.D. in botany from Montana State University. He is now Supervisor, Water Quality Management Section, Water Quality Bureau, Montana Department of Health and Environmental Sciences; and was recently appointed Adjunct Assistant Professor of Biology by Montana State University. This article was first featured in the "Your Town" column of The Independent Record.)

Algae are practically ubiquitous over the face of this planet. They live in deserts, forests, grasslands and oceans. They grow on tree trunks, turtle shells and birdbaths. They're found in Glacier Park's glaciers and Yellowstone Park's hot pools. You may find them, if you look closely, in the soil of your own garden.

Favorite haunts for algae are the clear waters of Montana trout streams. Here they go about the important business of converting solar energy into food for fish and fishers (fisher-men, fisher-women, fisher-animals, king-fishers). In unregulated and unpolluted streams, there are just the right number of algae, not too few and not too many. But when we impound, or dam, and pollute our streams, as we have the Missouri River, things go haywire.

The Missouri River is sewer, playground and drinking fountain for several municipalities and thousands of people in Montana. A naturally productive river, it has earned a national reputation for the trophy trout it produces. Lately, it has earned a different sort of notoriety among Helena water drinkers. Far from being a coincidence, both reputations stem from our predilection for dams and our use of the river as a common sewer for municipal and agricultural wastes.

In the face of Helena's current predicament, an appropriate expression of exasperation might be, "Dam the flush toilet!" Bozeman, Dillon, Helena, Great Falls and many other towns in the basin contribute algal nutrients to the Missouri River in the form of treated wastewater. When these enriched waters are stilled and warmed behind the river's many dams, conditions are optimal for algae growth and they reproduce abundantly, or 'bloom'. (Have you seen the 'pea soup' in Canyon Ferry? In Hauser? Holter?) Rivers below dams also produce long, stringy growths of algae due mostly to the even, stabilized flows. Such growths can and do snag fishing lines, clog water treatment filters, deprive fish of oxygen at night, and cause taste and odor problems.



Loren Bahls, Ph.D.

There are hundreds of kinds of algae in the Missouri River. Perhaps a dozen or so of these bloom and contribute to our taste and odor woes. Each one of these "bloomers" has different environmental requirements, different flavors, and different levels of resistance to treatment. They bloom at different times of the year and at different depths in the water. Any time you deal with complex biological systems there are no simple answers and no easy solutions. A truly effective and fool-proof remedy for our Missouri River algae problems will take time to perfect - it will not happen overnight. A month and a half of rotten water is nothing compared to the generations of river management and waste disposal that have given us the problem, and the millennia that algae have lived in the Missouri River.

Just when one begins to feel complacent about our understanding of what causes algae blooms, one is reminded that Chessman Reservoir, high in the mountains southwest of Helena, also gives us foul tasting water at times. There are no cities discharging their wastes to Chessman, no irrigation systems contributing nutrient-laden return flows. The wrinkle? The species of algae that blooms in Chessman is entirely different from the two that made Helena's water yucky this summer; it doesn't need fertilizer. Its trick? It can take its nitrogen from the air just like peas and alfalfa can.

It is Nature's way of saying, "Surprise! Fooled you again," and reminding us that we share the earth with countless other creatures that make their living in many, many different ways.

And lest we begin to feel paranoid about being singled out by a stinking horde of obnoxious algae, it is good to keep in mind that several other Montana cities and towns - Great Falls, Columbia Falls, Conrad, Billings and Miles City, to name a few - have had to deal with taste and odor problems. Each problem is different and each must be dealt with in a different manner. There is no one textbook solution for all.

But why is the problem surfacing only now, after all those years of dams

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Health Priorities Are Set

Alcohol abuse, accidents and suicides, cancer and hypertension are the four priority health problems selected by the State Health Planning and Development Agency for particular attention in the 1981-1982 Montana State Health Plan.

The plan has been approved by the Statewide Health Coordinating Council, and by Governor Schwinden.

Cancer is the second leading cause of death in Montana, accounting for one of every five deaths. According to Montana State Health and Environmental Sciences Department records, cancer claimed 1,239 lives in 1979, and the incidence of lung cancer increased 82 percent between 1960 and 1979.

Accidents were the third leading cause of death, and suicides were the eighth in 1979. However, the two combined are considered the leading cause of death if calculated by life-years lost. Available data suggests there is a direct relationship between death and disability rates from accidents and suicide, and the high incidence of alcoholism in Montana.

Recent surveys show Montana ranking third in the nation in per capita consumption of beer, and eleventh in overall consumption of alcoholic beverages. The State Alcohol and Drug Division estimates there are 101,000 alcohol abusers; of persons admitted to treatment programs 43 percent are under the age of 30, and 19 percent are Native Americans.

Hypertension, or high blood pressure, was selected as the fourth priority because of its significant risk factor in increasing heart attacks and other related heart and kidney diseases; and because early detection and treatment are achievable. Control measures for hypertension have been mainly concentrated on screening programs. Health professionals now feel that more emphasis should be placed on improved referral and follow-up, and patient and professional education on methods of controlling the disease.

Specific and general recommendations for addressing these and other health problems are included in the plan, including a proposal to give more attention to diseases which are disabling, but not necessarily fatal, in future plans.

The "Foreward" of the plan contains the following paragraph:

"Continued improvement in health requires a balanced use of our resources for health maintenance and restoration. This Montana State Health Plan is intended to be a basis for decisions on current and future issues of public policy for health in Montana."

Previous plans, which are still in effect, have placed more emphasis on disease prevention and health promotion.

Copies of the plan are available from the Health Planning and Resources Development Bureau, Montana Department of Health and Environmental Sciences, Cogswell Building, Helena 59620. Copies will also be distributed to all city and county libraries.

New Films In Library

(All films listed below are 16 mm color. To order, call 449-3444, or write: Film Library, Department of Health and Environmental Sciences, Cogswell Building, Helena 59620.)

Alcohol and Drugs

Lisa: Legacy of Sandra Blain (22 min. Suggested use: Teenagers, adults, school, business and community alcohol and drug programs.) Three months after her alcoholic mother's funeral, Lisa is already drinking heavily herself. This film shows that there is help for the young woman alcoholic, if the problem is caught in time.

Alcohol and Drugs? Making the Decision (26 min. Suggested use: Jr. high to adult rehabilitation programs.) Humor, satire, and documentary vignettes are used to guide the viewer to creative decisions in exploring alternatives to the alcohol and drug scene.

Drugs and Alcohol: Viable Alternatives (28 min. Suggested use: Jr. high to adult drug treatment programs.) Film deals with the results of boredom and the search for instant gratification, and answers the question of what people need to do to fulfill their lives.

Marijuana, Driving and You (13 min. Suggested use: Driver education and drug awareness programs, Jr. high to adult.) Identifies the effects of a marijuana high and its relationship to perceptions and judgments necessary for safe driving, as well as risks involved in mixing drugs and alcohol.

Women, Drugs and Alcohol (21 min. Suggested use: high school to adult) One of the few comprehensive films available on the subject of stresses women suffer and the polydrug problem resulting from over-prescriptions of tranquilizers.

It Can't Happen to Me (25 min. Suggested use: Jr. high to highschool) Realistic approach to peer pressure problems of teenage alcoholism through portrayal of events in the lives of two teenage alcoholics.

Stoned: An Anti-Drug Film (30 min. Suggested use: Jr. high to adult) Story of two brothers, one out-going and one shy and dependent. Feelings of inadequacy lead shy brother to drug use. Near tragedy and help from his brother gives him self-respect and strength to reject drugs.

The Social Drinker and the Anti-Social Driver (16 min. Suggested use: Jr. high to adult alcohol and driver education.) Statistics show that the social (occasional) drinker is more of a hazard on the road than is the alcoholic.

Joey and Me (10 min. Suggested use: grades 5-9) A seventh grade boy's reminiscences about his friend, Joey, who was killed in a car accident after a party are a non-preaching approach to decision-making.

Romance to Recovery (34 min. Suggested use: high school to adult) Explains why the co-alcoholic is as sick or sicker than the alcoholic, with emphasis on what both can do about it.

Family Planning

Shelley and Pete...and Carol (22 min. Restricted to Family Planning, high school and youth) One in every five 14-year-old girls will become pregnant before she leaves high school. Film depicts one of these stories, and impact of unplanned arrival of baby Carol on plans of two high school students and their families.

The Bonding Birth Experience (21 min. Restricted to Education for Parenthood) Follows an expectant family from early labor at home through hospital labor and birth, initial stages of family attachment, breastfeeding and home adjustments. Emphasis is on the emotions of labor and birth, rather than specific technique.

Prenatal Diagnosis by Amniocentesis (12 min. Restricted to Education for Parenthood) Explains why amniocentesis is done, and how, and how parents feel about it.

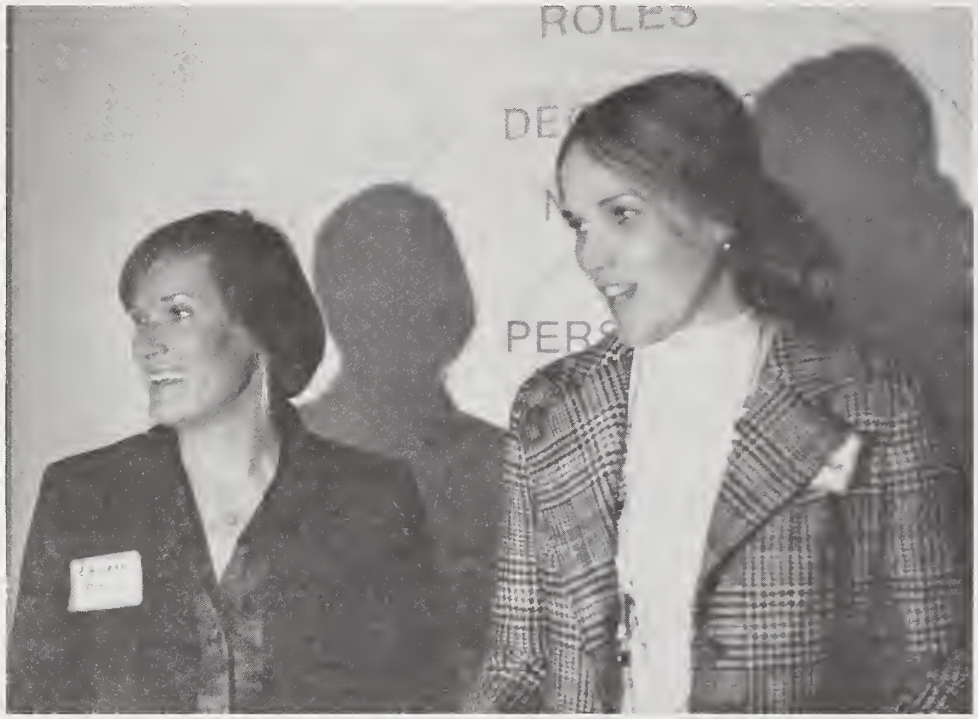
Dental

Toothbrushing with Charlie Brown (5 min. for all ages) Proper brushing.

It's Dental Flossophy, Charlie Brown (5 min. Primary grades through adult) Proper use of dental floss.

The Haunted Mouth (13 min., 4th grade through adult) Preventive dentistry.

Handicapped Child Workshops



Instructors at "Followup of the Handicapped Child" workshops, held in Missoula and Helena in October, were Ellenjean Morris, left, and Dr. Marilyn Krajicek, right. Morris is with the Handicapped Children's Program, Colorado Department of Health. Dr. Krajicek is Director of Nursing, John F. Kennedy Child Development Center, Denver, Colorado.

Fay Sweeney, Nurse Coordinator with the Maternal and Child Health Bureau, Montana Department of Health and Environmental Sciences, discusses a point of interest with two of the Helena workshop participants.

Laetrile Clinical Trial Shows Drug To Be Ineffective

(The following is reprinted from an article published in the National Institute of Health "Record", 5/12/81).

A clinical trial of Laetrile in 178 patients has shown the controversial drug to be ineffective as a treatment for cancer.

The purpose of the trial, which began July 1980, was to determine in a scientific study whether Laetrile, plus a "metabolic therapy" program of special diet, enzymes, and vitamins, did or did not have antitumor activity. According to results of the study no substantive benefit from Laetrile has been observed in terms of cure, improvement, or slowing the advance of the cancer, improvement of symptoms related to cancer, or extension of life span.

The Laetrile trial, supported by National Cancer Institute grants, was conducted at the Mayo Clinic in Rochester, Minn., by Dr. Charles Moertel; at the UCLA Jonsson Comprehensive Cancer Center by Dr. Gregory Sarna; at the University of Arizona Health Sciences Center in Tucson by Dr. Stephen Jones; and at Memorial Sloan-Kettering Cancer Center in New York City by Dr. Charles Young. The Mayo Clinic has been coordinating the data from all four institutions with Dr. Thomas Fleming as statistician.

Results to date are based on data from a core group of 156 patients of the 178 enrolled in the study. Of the remaining 22: 14 patients were recently placed on very high doses of Laetrile and only preliminary data are available; 1 patient was considered ineligible because the initial diagnosis of cancer was not confirmed; 4 patients are currently being evaluated; and 3 others were not evaluable because 1 left the study after only 8 days, and 2 died within 3 days of starting treatment from causes not directly related to cancer.

The clinical trial with Laetrile followed the same approach used by NCI to test other compounds for effectiveness in treating cancer. Criteria for selecting patients for the study were similar to the criteria used for all initial studies of other compounds. Informed consent was required.

The Laetrile study included cancer patients for whom no other treatment had been effective, or for whom no proven treatment existed. All patients had tumor masses that could be regularly measured for growth or shrinkage by X-ray or other types of examination.

Laetrile was given to patients with a broad spectrum of tumors including the

(Continued, page 5)

most common types of cancer such as lung, breast, and colorectal.

The great majority of the 178 patients entering the Laetrile study were in good general condition.

Seventy per cent were able to work full or part-time. None were totally disabled. Thirty-four percent had not received any previous chemotherapy. Median age of patients was 57. One hundred men and 78 women were enrolled.

Treatment design for the Laetrile trial was patterned after current Laetrile usage - based on the writings of some Laetrile practitioners and on direct consultation with several others. Laetrile was given for 21 days by intravenous injection at an average daily dose of 8 to 9 grams and then continued by mouth at a dose of 0.5 grams three times daily. Treatment was stopped if a patient showed progressive disease.

In addition, patients were treated with a so-called "metabolic therapy" program. The diet emphasized fresh fruits and vegetables and whole grains. It was severely restricted in meat, animal products, refined flour, refined sugar, and alcohol. Patients also received pancreatic enzymes and large doses of vitamins A, C, and E, as well as vitamin B complex and minerals.

During the study, patients were carefully monitored for side effects, especially for signs of cyanide toxicity. Levels of cyanide in the blood showed consistent elevations with the oral treatment. Usually these were within safe limits but occasionally were dangerously high. In one patient, treatment was discontinued for this reason.

Dr. Moertel stated that some Laetrile practitioners employ larger oral doses of amygdalin than that in these studies. Such practices carried on outside a carefully monitored research study, must be considered extremely hazardous and carry a risk of extremely of producing fatal drug reaction.

Data based on the core group of 156 patients indicate the following:

- Within 1 month of beginning Laetrile treatment, 50 percent of the patients showed evidence of disease progression, and 90 percent has progressed within 3 months.
- Fifty percent of the patients died within 5 months, and only 20 percent were alive by 8 months. (The survival experience would be consistent with that expected if patients had received no treatment.
- Only one patient showed a partial reduction in tumor size. This persisted for only 10 weeks. Thereafter, the tumor progressed although the patient continued on Laetrile therapy. The remaining patients failed to improve. (Researchers generally expect to see a tumor regression rate from 0 to 5 percent in studies of inactive drugs. In this study, the regression rate represented less than 1 percent of patients.)
- From the standpoint of general benefits, 6 percent of the patients showed weight gain at some time during the study. Only 3 percent of the patients were still on therapy and maintaining weight gain at 10 weeks.
- In performance scores (a measure of patients' ability to be physically active), only 6 percent of the patients ever showed improvement, and only 3 percent of the patients were still on therapy and maintaining this improvement at 10 weeks.

Among the 140 patients who had symptoms from their disease before Laetrile therapy, 19 percent claimed improvement in how they felt at some time during the study; at 10 weeks, only 5 percent of the patients were still on therapy and claiming improvement in symptoms. This degree of symptomatic benefit is within the range of that anticipated with placebo (inactive medication) treatment.

Air Cleaning Not Effective on Radon Progeny

Air cleaning devices tested so far have not proved to be a practical means for reducing radon progeny concentrations in structures, according to Larry Lloyd, Occupational Health Bureau Chief, Montana Department of Health and Environmental Sciences.

Lloyd said the tests were somewhat inconclusive, because his bureau has inadequate staff and resources to run the tests over a sufficient time period necessary to produce more extensive data. One device which may prove effective, a heat or air exchanger, has not been tested, Lloyd said, but may be at a later date. Lloyd said the program has been totally funded from federal grants, and his options are somewhat "inflexible".

At this point, however, Lloyd believes the best way to prevent hazardous levels of indoor radon progeny is to stop the entry of the parent, Radon-222, into the structures. This can be accomplished by sealing cracks and joints in basement walls and around pipes, or by certain types of venting.

Tests were run on four types of air cleaning devices in a vacant apartment in the Silver Bow Homes housing complex, Butte, between January and April, 1980. Radon progeny exceeding the EPA recommended limit of .02 working level were first discovered in Butte homes in 1978. Although not considered an imminent health hazard, the U.S. Department of Housing and Urban Development (HUD) refuses to grant FHA loans or assistance on public housing for homes within such areas. The MDHES hoped to find some method of alleviating these high levels of radon progeny which would be relatively inexpensive to install and operate.

Two systems, electrostatic precipitators and air filtering (window fans with furnace filters), were judged to be unacceptable because of the excessive noise and air motion they generated, and expensive energy and maintenance requirements. These systems might have some practicality in structures with central heat and/or air conditioning systems, where they could be installed as an integral part of the duct system.

Negative ion generators were noiseless, produced no air motion, and indicated a 30 to 60 percent reduction in radon progeny while operating. The cost of installing and maintaining these generators is substantive, however.

The filter-type humidifier was judged to be of no value. Its operation resulted in no significant reduction of concentrations unless set at maximum level, which created uncomfortably high humidity levels within the structure.

The air turnover rate and the rapid rate of ingrowth of Radium A (Polonium-218) are believed to be the most limiting factors in the efficiency of air filtering systems and electrostatic precipitators for reducing radon progeny concentrations.

Radon is an inert gas formed from the disintrigation of radium in various ore-bearing soils.

Fouling (Cont'd. from page 2)

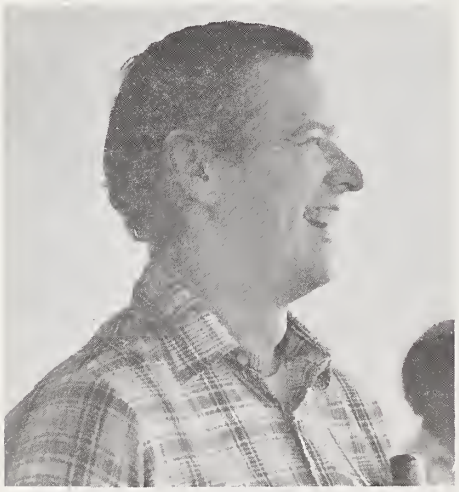
and sewage effluents? Like the Helena Valley groundwater problem, it may signal that the natural assimilative capacity of an ecosystem finally has been exceeded. If so, each increment of growth will exact a toll in terms of payments for improved water and wastewater treatment. It's impossible to say whether one recent sewer hookup in Bozeman actually triggered our taste and odor problems, or whether our sewage plant discharges to Hauser Lake via Prickly Pear Creek actually are responsible for similar problems in Great Falls.

But one thing is certain: if we continue to foul our nest we will have to pay, and pay dearly.

STAFF CHANGES

Ruth Simerly, Information Officer, Public Information Unit, has resigned and moved to Boise, Idaho.

Robert J. Redpath, Administrator, Central Services Division, has resigned to accept a position as executive director of the Olds College Foundation Program, at Olds College, Alberta, Canada.



Walter Jankowski, Chemistry Laboratory Bureau Chief, has resigned to become Chief, Laboratory Services Section, Environmental Health Division in the Minnesota Department of Health.

No permanent replacements for the above positions have been named yet.

Woodburning (Continued from page 1)

never had any problems with woodburning, Hal Robbins, Air Quality Bureau Chief, Montana Department of Health and Environmental Sciences said, "People have got to remember that when their grandparents were burning wood there were a lot less people around, they were not living as close together as they are now, and they were not being exposed to many of the other pollutants we have to deal with today."

Robbins also noted that valley residents sometimes get upset when they are asked to refrain from burning wood, and they can see smoke from brush fires in the mountains. He explained that burning restrictions are often limited to lower elevations, where the air is 'trapped' by temperature inversions, while at the same time smoke dispersion is not a problem at higher elevations.

There are a number of things which can be done to reduce pollution and fire hazards from woodburning. Proper installation of stoves is a must, along with proper operation. The stove must be far enough away from walls and other flammable materials (at least 18 inches) to prevent combustion from radiated heat. Extra care must be taken to insulate outlet areas for stove-pipes and chimneys, and to prevent sparks from falling on roofs. Accumulated soot and creosote should be cleaned from pipes and chimneys at least once a year to avoid chimney fires.

Douglas fir, lodgepole pine and western larch are the three best fuel woods in Montana. Forethought in gathering, drying and stacking wood will increase its fuel value and decrease its pollution potential. Wood should be gathered during the summer months, split, stacked with layers in alternating directions, stored at least six inches off the ground, and protected from rain or snow with a woodshed or plastic cover, which is vented near the top to allow moisture to escape. These precautions will ensure dry wood for most efficient burning. Damp wood creates more smoke and less heat.

According to the 1980 survey the use of wood for fuel was the primary heat source in approximately 10 percent of households responding, with the lowest average in Great Falls (5.54%) and the highest in Kalispell (16.5%). Other households surveyed reported using wood as an auxilliary heating source and for enjoyment. The cost factor was not covered in the surveys.

Householders estimated using 2.14 to 3.2 cords of wood per winter. Based on survey results, this means that smoke and particulates from 20,000 cords of wood will be floating overhead in the skies of western and central Montana every winter.

The cost to Montana residents could be much greater than the $50 to $65 per cord selling price, unless those who burn wood make every possible effort to put a damper on pollution.

Smoke from a fireplace hugs the rooftops in a Helena residential area, trapped under a low-pressure system.

Dental Research Program Expanded

An estimated 17,500 students in seven southwestern Montana counties will be involved in a continuing program to promote a reduction in tooth cavities, as a part of the continuing statewide Dental Research and Demonstration Project (DRDP).

Schools in Beaverhead, Butte-Silver Bow, Deer Lodge, Granite, Missoula, Powell and Ravalli Counties are participating in the program, according to Vicki Bowen, R.D.H., program manager. Assisting her in coordinating the program are Dental Hygienists Jeannette Buchanan and Erica Browne of Missoula, Andrea Anderson of Hamilton and Lisa Hudson of Butte.

The DRPD is an adaptation of the highly successful pilot Flathead County Dental Project, which is now being duplicated in Sanders County. In these first two projects funds were allocated for treatment of indigent school children found to have dental disease. The new program will attempt to determine if a corresponding improvement can be seen in dental health status without providing financial help for dental services.

The program involves a weekly two percent sodium fluoride mouth-rinse, education in proper brushing and flossing techniques and nutrition, and a screening process.

According to Dr. William Haggberg, Chief of the Dental Bureau, State Department of Health and Environmental Sciences, there will be three analytical components in assessing results of the DRDP. They include:

Vicki Bowen, R.D.H., DRDP Program Manager

-- screening of each child by a dental hygienist, and placing him in Class I (needing immediate dental care), Class II (needing some dental care), or Class III (no dental care needed). Parents will be notified of the results by letter;

-- a decayed, missing and/or filled (DMF) survey will be conducted on randomly selected second and fifth grade students to provide baseline statistical data for overall caries incidence in Montana;

-- a telephone survey will be conducted on five percent of the subject population to determine immediate changes in dental care due to the program.

The survey, directed to parents, will help identify to what extend needed treatment was obtained after notification; and if no treatment was obtained, what barriers were involved. Parents will also be asked if they perceive a change in their childrens' attitudes toward dental health.

It will be three to five years before any conclusive data will be available as to whether or not any long-term benefits, due to improved dental health practices, result from the program.

Bowen said the fluoride mouthrinse has been proven to reduce tooth cavities 30 to 40 percent. Fluoridated water supplies have been shown to reduce cavities by about 65 percent, but nearly half of Montana residents live in areas where there is no central water supply, or where communities have not adopted water fluoridation. Students who do drink fluoridated water will suffer no ill effects from participating in the mouthrinse program, according to Bowen. In fact, they should realize an even greater reduction in caries.

Dr. Haggberg said the DRDP program is funded under a one-year federal grant. If the grant is renewed, the program will be extended to include eastern Montana counties. The western counties were targeted first because water in these areas contains less natural fluoride than more easterly water supplies.

Treasure State Health Reader Survey

In order for us to continue sending your Treasure State Health we must know it has value to you. If you wish to receive future copies, please complete the following questionnaire and return it to: Editor, Treasure State Health, Montana Department of Health and Environmental Sciences, Cogswell Building, Room C104, Helena, MT 59620.

1. Do you wish to receive future issues?

   ☐ Yes ☐ No

2. Do you know someone who would be interested in receiving TSH? If so, please provide their name and address below:

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3. How do you find the articles?

   ☐ Generally interesting

   ☐ Too technical

   ☐ Too general

4. Are there any special subjects you would like to see presented? If so, briefly explain below:

IPO Stresses Education

Vernon L. Goller, M.D., IPO Medical Director

Continuing education for health care professionals, plus consumer education on dealing with high-risk pregnancies; and a statewide morbidity study to determine prime causes of illness among the newborn will be priority components of the Improved Pregnancy Outcome (IPO) program of the Maternal and Child Health Bureau, Montana Department of Health and Environmental Sciences, according to Vernon L. Goller, M.D.

Dr. Goller was named Medical Director of IPO in October, 1980. He is a Montana native, born in Havre and grew up in Hardin. He received his medical degree from the University of Washington in 1958, interned at the Harbor General Hospital in Torrance, California, and completed his pediatric residency in the U.S. Navy, from which he retired after 22 years of service. He is Board Certified in pediatrics and neonatal-perinatal medicine.

Dr. Goller said no large-scale morbidity study of infants has been undertaken in the entire country, to his knowledge, up to this time, although most states have mortality data. Results of the study should provide invaluable information in determining major factors leading to non-fatal, but sometimes debilitating, illnesses among newborns.

Data already obtained and analyzed proves that socio-economic factors play the largest role in infant mortality. One interesting fact, not documented previously, is that the mortality rate for Native American infants over a month old is higher than the rate for Caucasian infants, while the two rates are nearly identical from birth to one month of age.

Another addition to the IPO project will be a program to collect information on infants born with congenital anomalies.

Montana was one of three states in Region VIII of the U.S Department of Health and Human Services to receive a five-year IPO grant in 1979. The initial purpose of the program was to reduce infant mortality in the state, at least to the national level.

The grant provided funds for testing high-risk mothers and for transporting them from small hospitals to larger medical centers, relative to their ability to pay for such transportation. It is also funded a compilation of recommendations for perinatal care, nutritional requirements and public health followup of high-risk infants, which will be published in the near future.

Although federal funds for the project will no longer be available after 1984, some of its programs should certainly be continued if Montana is to maintain a low level of infant mortality. Dr. Goller believes knowledge gained from the initial five-year project will lead to informative suggestions as to which programs should be retained, and how they might be funded.

Look-Alike Drugs

Fake pep pills and other non-prescription "look-alike"drugs, and the machinery used in the manufacture of the counterfeits, were seized by U.S. Marshals in September at the request of the U.S. Food and Drug Administration at nine factories along the eastern seaboard.

According to FDA officials, these products have been distributed nationwide through ads in campus newspapers, the mails and handbills at truck stops.

Some of the products are similar in size, shape, color and markings to "uppers" (amphetamine products and "downers" (prescription sedatives). The counterfeit products usually contain a combination of non-prescription ingredients such as caffeine, decongestants and antihistamines.

Parents, law enforcement officials and physicians were becoming concerned over the promotion of these products as "100 percent legal", and the difficulty in diagnosing and treating overdose cases.

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